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FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1		Ondi	~! !! &_/~! !			F Erfe Metolly	CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if is change		kample:If typing, type ver the lines.	12FE4N		SENIER
Right Turn	Hawa	i i	<u> </u>		 	11,1,11	
ADDRESS (number a	and street)	820 Lun	alilo St.				لبب
(Check if address is changed)		Honolulu	<u> </u>		Ha	96813	
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA (Check if is change	address	ss (Please provide klamour		address)	1 1 1 1 1		
COMMITTEE'S WEE		, ,	hawaji.o	ŗg			
is change		<u> </u>	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>		ن لنسن
2. DATE 12	21	2013				·	
3. FEC IDENTIFIC	CATION NU	IMBER .	C C008	51556			
4. IS THIS STATE	MENT	NEW (N)	OR [AMENDED (A)		
I certify that I have		Mark C		y knowledge and beli	ef it is true, corre	ect and complete.	
Signature of Treasure	er <u>//</u>	M. U	Mu		Date 1	21' 21'	2013
NOTE: Submission of		-	•	subject the person signi	_		2 U.S.C. §437g.
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